

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/28/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/1/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/5/00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/5/00</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	3/14/00
2	✓	✓	3/14/00
3	✓	✓	3/14/00
4	✓	✓	3/14/00
5	✓	✓	3/14/00
6	✓	✓	3/14/00
7	✓	✓	3/14/00
8	✓	✓	3/14/00
9	✓	✓	3/14/00
10	✓	✓	3/14/00
11	✓	✓	3/14/00
12	✓	✓	3/14/00
13	✓	✓	3/14/00
14	✓	✓	3/14/00
15	✓	✓	3/14/00
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46	✓	✓	3/14/00
47	✓	✓	3/14/00
48	✓	✓	3/14/00
49	✓	✓	3/14/00
50	✓	✓	3/14/00

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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